

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. 09/94/342 FILING DATE _____
APPLICANT(S) _____

CLAIMS						
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
IND.	DEP.	IND.	DEP.	IND.	DEP.	
1						51
2						52
3						53
4						54
5						55
6						56
7						57
8						58
9						59
10						60
11						61
12						62
13						63
14						64
15						65
16						66
17						67
18						68
19						69
20						70
21						71
22						72
23						73
24						74
25						75
26						76
27						77
28						78
29						79
30						80
31						81
32						82
33						83
34						84
35						85
36						86
37						87
38						88
39						89
40						90
41						91
42						92
43						93
44						94
45						
46						96
47						97
48						98
49						99
50						100
TOTAL IND.	6					TOTAL IND.
TOTAL DEP.	24					TOTAL DEP.
TOTAL CLAIMS	30					TOTAL CLAIMS